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[illegible][illegible][illegible]

Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)

[illegible][illegible]

dd / mm / yyyy

The employer hereby selects and appoints the trustee named above as trustee of the Plan.

Please acknowledge receipt of this letter by signing below and returning it to the employer.

I acknowledge receipt of this letter and understand the contents hereof. I hereby agree to be included in the scheme.

X

B. Revenue Details

Details are required as part of the approval process with the Revenue Commissioners. If there is insufficient space below please attach additional details on a separate sheet.

Does the employee have any pension benefits from current or previous employments (this information must also be provided where retirement benefits have already been taken)?

Yes ☐ No ☐

If NO, please go to section C.

If Yes, please complete the rest of this section.

1. Does the employee have Defined Contribution company scheme pension benefits from current or previous employments?

Yes - Current employment ☐ Yes - Previous employment ☐ No ☐

If Yes to either provide details:

Normal retirement age		
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Current value (Including AVC / PRSA AVC values) €

If current employment

Total employer contributions	€	per annum
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Total employee contributions	€	per annum
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Name of Life Office

If previous employment

Scheme Name

Name of Life Office

2. Does the employee have Personal Pension/PRSA (including self-employed) pension benefits from current or previous employments?

Yes ☐ No ☐

If Yes provide details	Current value	€
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Name of Life Office

3. Does the employee have Defined Benefit Company scheme pension benefits from current or previous employments?

Yes - Current employment ☐ Yes - Previous employment ☐ No ☐

If Yes to either provide details

Normal retirement age	Employee pension payable at NRA	Retirement lump sum (if in addition to pension at NRA)	Spouses pension % / Registered civil partners pension %
<input type="text"/> <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Current value of any AVC / PRSA AVC €

If current employment Total employee & AVC contributions € per annum

Death benefit €

Name of Life Office

If previous employment Date of leaving service / /

Scheme Name

Name of Life Office

4. Have you received retirement benefits from any other pension arrangements? Yes ☐ No ☐

If Yes provide details

Date benefits were paid? / /

For Defined Contribution Schemes, PRSA or Personal Pension benefits:

Total value of pension fund at date of payment €

For Defined Benefit / Public Sector Schemes:

Gross Retirement Lump Sum (before any tax paid): €

Annual pension income: € a year

Final value of AVCs (if not included in the above amounts): €

Further pension benefit details (if any)

C. Employee/Member Plan Declaration

I understand and agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on this application form (online or otherwise), Letter of Exchange in this application form, any supplementary questions answered, any statements made to Irish Life in writing or by telephone, any information I give to a medical examiner acting for Irish Life and all terms and conditions given to me by Irish Life.

I have read and understand the important information about my obligation to tell Irish Life about all material facts in connection with the application and I understand that if I do not tell Irish Life all material facts, this contract could be void. If this happens, I understand and acknowledge there will be no cover under the plan, Irish Life will not refund my premiums and Irish Life will not pay a claim.

I declare that all information, statements and answers I have provided, including those about tobacco consumption or use of nicotine replacement products including e-cigarettes, are true and complete.

I understand that I must tell Irish Life in writing about any changes in my health, circumstances, or answers to the questions in this application form change between the time I applied for cover and the date my application is accepted.

I understand that this plan will not start until Irish Life has accepted me for cover and I have paid the first payment. I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I understand that Irish Life can use my personal information for any subsequent applications to Irish Life.

I authorise Irish Life to request and receive my personal health information now (or as part of any claim assessment including after my death) from any health professional who at any time has attended me concerning my physical or mental health and to share my personal health information with any health professional for the purpose of processing my application and assessing claims.

- I declare that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied through any additional documents linked to this application).
- I confirm I have read and understood the Medical and Other Important Information section.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.
- I confirm I have read and understood the Plan Declaration



Please sign and date

Signature

X

Date

dd / mm / yyyy

D. Employer Declaration To Irish Life - must be completed in all cases where the employer is the trustee or where an independent trustee has been appointed.

I declare that all the answers to the above questions are in every respect true and correct. I hereby agree that the contract proposed with Irish Life Assurance plc (Irish Life) will be based on the declarations and Letter of Exchange in this application form (including this declaration), together with all terms and conditions furnished by Irish Life. I declare I know of no material fact other than those stated, being a fact concerning circumstances which may influence the assessment and acceptance of an application by Irish Life.

I understand that failure to disclose all material facts could render the contract void. I understand that if I am in doubt as to whether any facts are material I should disclose them.

I understand that the product(s) are conditional on the approval of the arrangement by the Revenue Commissioners as an exempt approved scheme under Chapter 1 of Part 30 of the Taxes Consolidation Act 1997.

I acknowledge and I understand and accept that the contract to which this application form and declaration applies is between Irish Life and the parties named on the Letter of Exchange that established this scheme. I confirm that the contract effected in pursuance of this application will be held by the Trustee under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act 1997 to or in respect of the employee as set out in the Rules of the Scheme. Irish Life will act on either my (the employer's), the employee's or the trustee's instructions in accordance with the Plan's Terms and Conditions.

S59 of Part VI of the Pensions Act, 1990 as amended, requires that a registered administrator is appointed and I understand that Irish Life are appointed to act as such for this Scheme. By accepting this application, Irish Life agrees to act in accordance with this role (outlined in S64G of Part VIA of the Act). I agree that either Irish Life or the trustee can choose to terminate this appointment by giving at least 90 days written notice to the other party. This 90 day notice period may only be reduced where both parties agree to it, or if required by legislation.

If the employer named on the Letter of Exchange is also appointed as Trustee I acknowledge that I as the trustee am responsible for ensuring that the employee (member) has been/will be provided with all information required by relevant pension's legislation and all information necessary to enable him/her to exercise any discretion allowed under the Scheme Rules in relation to investment choice.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

 Please sign and date

Signature

X

Duly authorised to sign for and on behalf of the Employer, and as Trustee if relevant

Date

dd / mm / yyyy

E. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing dataprotectionqueries@irishlife.ie or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer

I agree ☐

I don't agree ☐

Trustee

I agree ☐

I don't agree ☐





Your Irish Life Plan Details

Please complete all the fields in this Section

Plan Number(s)

If this mandate is to cover more than 3 plans, please attach separate instructions.

Name of Plan Owner(s)

Direct Debit collection date

 of the month (1st to 28th only)

Payment frequency

Monthly ☐

Quarterly ☐

Half Yearly ☐

Yearly ☐

SEPA DIRECT DEBIT MANDATE

Please complete all the fields below marked * and return this mandate to Irish Life

Name and address of the payer:

* Name(s) of Account Holder(s)

Address of Account Holder(s)

BIC

* IBAN

Your BIC and IBAN can be found on a recent bank statement



Please sign and date

* Signature(s)

X

* Date of signing

X

By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Irish Life. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

For Office Use only

UMR

Creditor Identifier

Type of payment

Recurrent ☒

Creditor's name and address

Information is correct as of 01/05/2018 and is subject to change.

